

Middlesex University Research Repository

An open access repository of

Middlesex University research

<http://eprints.mdx.ac.uk>

Findlay, Gail and Tobi, Patrick ORCID logo ORCID: <https://orcid.org/0000-0002-0341-3770>
(2017) Well communities. Perspectives in Public Health, 137 (1) . pp. 17-20. ISSN 1757-9139
[Article] (doi:10.1177/1757913916680329)

Final accepted version (with author's formatting)

This version is available at: <https://eprints.mdx.ac.uk/24420/>

Copyright:

Middlesex University Research Repository makes the University's research available electronically.

Copyright and moral rights to this work are retained by the author and/or other copyright owners unless otherwise stated. The work is supplied on the understanding that any use for commercial gain is strictly forbidden. A copy may be downloaded for personal, non-commercial, research or study without prior permission and without charge.

Works, including theses and research projects, may not be reproduced in any format or medium, or extensive quotations taken from them, or their content changed in any way, without first obtaining permission in writing from the copyright holder(s). They may not be sold or exploited commercially in any format or medium without the prior written permission of the copyright holder(s).

Full bibliographic details must be given when referring to, or quoting from full items including the author's name, the title of the work, publication details where relevant (place, publisher, date), pagination, and for theses or dissertations the awarding institution, the degree type awarded, and the date of the award.

If you believe that any material held in the repository infringes copyright law, please contact the Repository Team at Middlesex University via the following email address:

eprints@mdx.ac.uk

The item will be removed from the repository while any claim is being investigated.

See also repository copyright: re-use policy: <http://eprints.mdx.ac.uk/policies.html#copy>

Well Communities

Gail Findlay,¹ Patrick Tobi¹

Institute for Health and Human Development, University of East London

Well Communities provides a framework for communities and local organisations (public, private and third sector) to work together to improve health and wellbeing, build resilience and reduce inequalities. It is one of the most ambitious and radical attempts in the UK to develop and embed a new way of working that will stimulate system change, from the 'bottom up'; it has already been recognized, nationally and internationally: as a 'pioneer' by the *What Works Centre for Wellbeing*,¹ and ranked 2nd of 41 best practice approaches across Europe by *CHRODIS*.²

A tried and tested 'all hands on deck' approach to public health and wellbeing at the local level, *Well Communities*, very importantly, integrates with, strengthens and adds value to what is already going on, to maximize resources, synergize and ensure value for money. Please see Text Box A. This short animation also describes the approach: <https://www.youtube.com/watch?v=3IHxv-k36BI>.

TEXT BOX A:

Well Communities framework approach

Work starts locally to find out about the community. It could be a neighbourhood, a GP Practice or even a work place. *Who is part of this community? Young people? Families? Older people? What are their interests? What are their concerns? What do they think could improve their health and wellbeing?*

It is also important to find out what is already happening to improve health and wellbeing and what 'assets' the area has that could be developed. Assets might be buildings, green spaces, local projects or maybe some funding that could be used differently. This includes existing knowledge, experience and connections of local people.

Well Communities then brings people and organisations together to agree priorities and their new plan of action.

Local people are actively supported to take action themselves, and also to volunteer, to take up training and to develop new networks and friendships.

Well Communities is not a short-term project but a 'different way of working' that engages and enables people to take control of their own and their community's wellbeing.

The central team makes sure that the local programmes stay on track and that learning is gathered and shared so that the framework can continue to be developed to deliver happier and healthier people in stronger communities.

This *framework* approach brings together a number of existing and new public health and wellbeing policy concepts in integrated ways and translates them into effective, on the ground action. What is more, the approach has been shown to be effective in engaging the most disadvantaged communities and in delivering a range of positive impacts and outcomes¹

¹ Tobi,P, Tong J, Farr R, et al. *Well London Phase 2 evaluation: participant outcomes*. Report for the Big Lottery Fund. London: Institute for Health and Human Development, University of East London, 2015.

Key concepts in engaging communities for social change and health improvement are integral to the *Well Communities* approach. These include: whole systems, holistic and assets-based working, community engagement and community led action, community development and capacity building, co-production, positive psychology and empowerment.³⁻¹⁰

Through work over 9 years with 33 of the most disadvantaged neighbourhood communities in London, these concepts have been translated into a practical framework for action, that has also stimulated the development of a number of highly innovative methods, processes and projects. These work together to develop the '*heart of communities*' by building individual and community capacity for wellbeing and sustainable health improvement and also address community prioritised needs through a co-designed programme of *themed* activities. Processes that stimulate ongoing community engagement, the refocusing of services to make them more responsive and effective, and grow participation, community networks and volunteering, are built into all *Well Communities* programmes.

Rising to the challenges

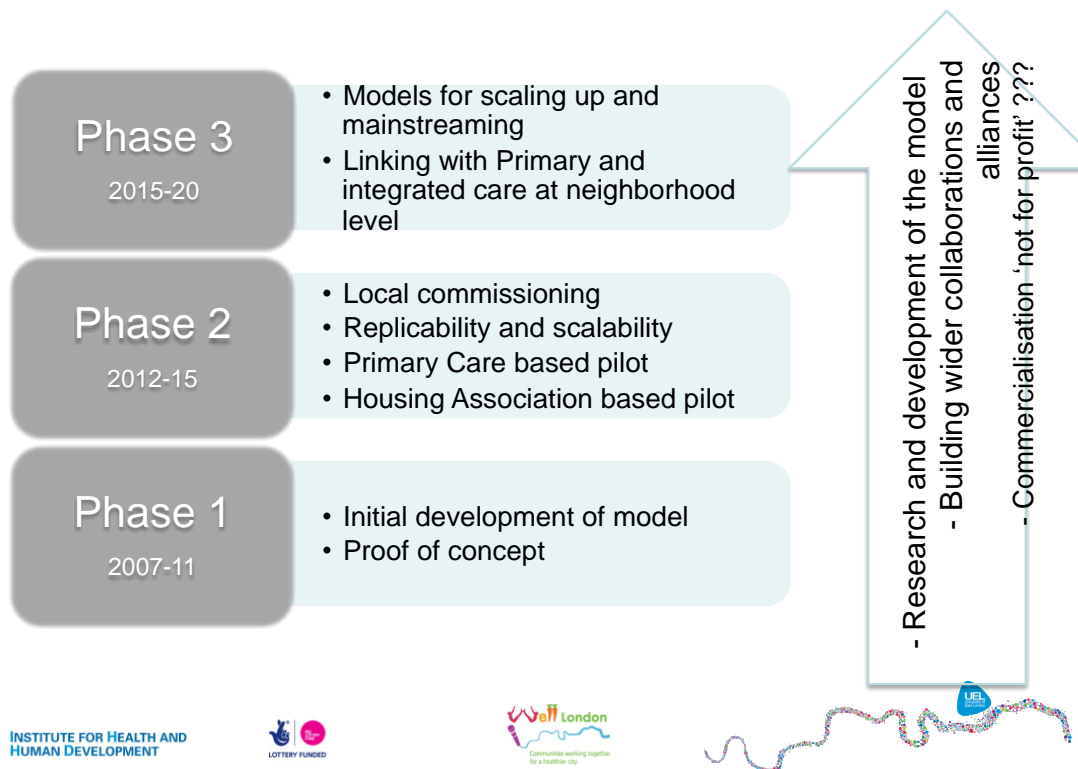
Embedding and scaling up a very different way of working

Well Communities is a very different way of working and designed to be embedded as a long term, mainstream approach, rather than as a fixed term intervention. The challenge of how to scale up and embed innovation, in the public sector in particular, is well recognised locally nationally and internationally². The need for good models of how to embed new, more effective ways of working in mainstream policy and practice is even more pressing, and at the same time more challenging, in this time of economic pressure on public sector budgets.

In **phase 3** our focus is on major scaling up and mainstreaming of the *Well Communities* framework approach in London and in piloting the approach in rural and other urban contexts in London and beyond. This work is being led by a new strategic alliance between IHHD/UCL and Royal Society of Public Health (RSPH), who have a national span of influence, and with the ongoing support of the GLA in London.

A number of Local Authorities in London, who have been involved in development Phases 1 and 2 of *Well Communities*, are now putting in place Phase 3 plans to scale up and embed the framework approach within their local systems (Text Box B). Following a very successful Primary Care based pilot in Phase 2, that was rated as 'excellent' by the Care Quality Commission (CQC), there are plans to further test the framework in a larger number of GP Practices in East London, linked to local integrated care and '*transforming services together*' agendas. Three large Housing Associations, who have been involved in the Phase 1 and 2 programmes, will also be testing *Well Communities* in other major cities, as well as in suburban and rural areas, in Phase 3.

²<http://webarchive.nationalarchives.gov.uk/+http://blogs.bis.gov.uk/publicsectorinnovation/files/2011/07/Scaling-Up-Innovation-in-the-Public-Sector-Full-Report.pdf>

Text box B: Development of the Well Communities Framework Approach

The ambition for the scaled up, mainstreamed programme is that it will include establishment of a number of *Well Communities* hubs across a local authority, CCG, Housing Association, regional or wider areas. The hubs will be focused, 'proportionately', in the most disadvantaged neighbourhoods, with wider 'universal' benefits of the approach being achieved through a natural ripple out effect across the wider population. This effect was illustrated by mapping participants by postcode and showed how participation was concentrated in the target neighbourhood but also spread into surrounding areas.

There is also great potential for using *Well Communities* as a framework for work with local communities to maximise the positive impacts of major construction and infrastructure development projects on local community health and wellbeing and contribute to reducing inequalities. The *Well London* work with the Francis Crick Institute and developers provides a very positive case study for how this framework can help maximise the positive impacts of major construction projects on local community health and wellbeing and contribute to reducing inequalities. (Please see Case Study below).

Assuring fidelity

Another real challenge is that such new ways of working will get 'lost in translation' as they are rolled out, scaled up and embedded in local, perhaps more conventional commissioning strategies

In Phases 1 and 2, a range of implementation support services has been developed to ensure the fidelity of the approach is assured. These include 1-1 advice and support and organisational development services for Commissioners, local Coordinators and delivery organisations. Such

implementation support also helps both to ensure fidelity of the model, as it is implemented, and that 'on the ground' learning can be shared and fed back to inform ongoing development and improvement of the model.

Building the evidence base for a new, unconventional approach

As an integrated community development programme, based on a coproduction approach, *Well Communities* is also *not* an 'individual behavior change' model. It seeks to intervene simultaneously at multiple levels - individual, community, wider determinants of health and service delivery – to remove the barriers that constrain individual and community health, wellbeing and resilience. Thus, some programme activities and projects address specific health outcomes through more conventional health behaviour change activities (e.g. exercise and cook and eat classes), while others encourage participation, volunteering, capacity building, community networks and community cohesion (e.g. community events, training and job fairs).

A unique feature of *Well Communities* is that it part of a long-term research and development pipeline, that is benefiting from robust research and evaluation of its effectiveness and cost effectiveness. This has been led from the outset by the Institute for Health and Human Development (IHHD) at University of East London and has attracted significant research and evaluation funding, including from the Wellcome Trust. This has also involved IHHD collaboration with a number of other research institutes, including: London School of Hygiene and Tropical Medicine (LSHTM), Westminster University and the Centre for Health Service Economics and Organisation (CHSEO), at Oxford.

Documentary evidence of the effectiveness of the approach and its very positive impact, to date, in Phase 2 is captured in a short film that can be viewed at: <https://vimeo.com/131850258>

Case study (544 words)

The *Well Communities* approach was enthusiastically taken up by the new Francis Crick Institute and developers, Laing O'Rourke, in the early stages of construction of the new Institute headquarters in Camden in 2013. This experience provides an exemplar of how intensive local engagement can help maximise the positive impacts of major construction projects on local community health and wellbeing; including integrating with and building, literally and metaphorically, on existing local assets and contributing to reducing inequalities.

https://www.crick.ac.uk/media/4799/TAP2115_LivingCentreSummaryReport_V3_FINAL_web.pdf

This large building project (now in 2016 nearing completion) sits in the centre of the very disadvantaged and construction weary neighbourhoods of Somers Town and St Pancras in the heart of Camden. An early finding was the frustration of local people with their experience of being marooned in the middle of a never ending, major construction site and seeing their limited and precious green spaces gradually diminished; from the building of the British Library, through re-development of St Pancras station and now facing future major disruption with HS2.

A team from the University of East London were commissioned and worked closely with local community associations and volunteers, using the tried and tested *Well Communities* community engagement, assessment and design (CEAD) process. The aim was to determine the local vision

for how the community facing 'Living Centre', built as an integral part of the prestigious new building, could make a real difference to local health and wellbeing.

A key ambition was that the 'Living Centre' would make a real difference in its own right to the wellbeing of the local community, while also adding value to, and not duplicating, what was already happening in the area - a key principle of the *Well Communities* approach.

To ensure the 'Living Centre' would meet the needs of the local community and would have maximum possible impact, it was essential to understand the wider context for the health and wellbeing of the local community. The *Well Communities* programme of work included: door to door surveys, community *world café*, *appreciative enquiry*, and action planning workshops, involving both residents and other local stakeholders; a review of local health needs and relevant local development plans and an asset mapping exercise, including existing local facilities and services.

In line with tried and tested *Well Communities* methods, a 'dual purpose' approach was taken which both delivers the project outputs (including the community engagement and needs assessment) and, at the same time, helps develop local community capacity for on-going engagement and action on health and wellbeing. The local volunteers, for example, benefited from training in community engagement/street survey techniques and Royal Society of Public Health (RSPH) accredited training for Community Health Champions.

Managing expectations was also important throughout. The Crick 'Living Centre' alone would not be able to meet all of the local needs. It was therefore also important to present the findings about the unmet needs and community aspirations for improving local health and wellbeing, and emerging recommendations to, and in relation to the roles and responsibilities of, other local strategic and operational organisations.

As well as a number of very practical suggestions for what the 'Living Centre' should provide, ranging from provision of a crèche, to a 'homework club', to a cupboard for storing community gardening equipment, the community vision for the Centre that emerged is that it will be a catalyst for 'bringing the community together', building capacity and galvanising community action for health and wellbeing across St Pancras and Somers Town. The community also hoped it would leverage partnerships and much needed resources, through the Crick corporate alliances, to support and sustain health improvement and reduce health inequalities in the area.

References

1. What Works Wellbeing. *Well London: communities working together for a healthier city*. Available online at: <http://whatworkswellbeing.org/well-london-communities-working-together-for-a-healthier-city/> (Last accessed 4th October 2016).
2. Joint Action On Chronic Diseases And Promoting Healthy Ageing Across The Life-Cycle (JA-CHRODIS). *Selecting 41 good practices*. Available online at: <http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/selection/> (Last accessed 4th October 2016).
3. Tobi,P, Tong J, Farr R, et al. *Well London Phase 2 evaluation: participant outcomes*. Report for the Big Lottery Fund. London: Institute for Health and Human Development, University of East London, 2015.
4. Hopkins T, Rippon S. *Head, hands and heart: asset-based approaches in health care. A review of the conceptual evidence and case studies of asset-based approaches in health, care and wellbeing*. London: Health Foundation, 2015.

5. Boviaird T, Loeffler E. *We're all in this together: user and community co-production of public outcomes*. Birmingham: Institute of Local Government Studies and Third Sector Research Centre, University of Birmingham, 2012.
6. Foot J, Hopkins T. *A glass half-full: how an asset approach can improve community health and well-being*. London: Improvement and Development Agency (IDeA), 2010.
7. Woodall J, Raine G, South J, et al. *Empowerment and health and well-being: evidence review*. Leeds: Centre for Health Promotion Research, Leeds Metropolitan University, 2010.
8. Schueller SM. Promoting wellness: integrating community and positive psychology. *Journal of Community Psychology* 2009; 37(7): 922-37.
9. Hudson B. *Whole systems working: a guide and discussion paper*. London: Care Services Improvement Partnership, Integrated Care Network, 2006.
10. Kretzmann JP, McKnight JL. *Building communities from the inside out: a path toward finding and mobilizing a community's assets*. Illinois: The Asset-Based Community Development Institute, Northwestern University, 1993.